CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0583	1	Missoula Elem		32	EL
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest I	nundredth (X.	XX%) of a percent.)
	Complete and submit on the election of your rate.				
This is to certify that knowledge and believed	t I have reviewed the ef:	indirect cost rate prop	oosal submitted he	erewith and t	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to e ance with the requiren es for State and Loca n the attached Predete	nents of the Federal a I Governments." Una	award(s) to which allowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements ned as direct costs. In ablic Instruction will be regoing is true and co	s incurred and the ag . Further, the same of addition, similar type anotified of any accor	reements to which costs that have been es of costs have b	n they are alle en treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent o		Street Address	or P.O. Box	
Printed Name of A	utherized Official		215 South 6th W		Vin Codo
Printed Name of A	utnonzed Omciai		City		Zip Code
Title			Missoula Date	5	59801
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ар	proved Rate for FY2	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0584	1	Missoula H S		32	HS
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allowed they are allowed they are are accounted to the they are	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		215 South 6th W		Zip Code
Fillited Name of A	utilolized Official		•		•
Title			Missoula Date	5	9801
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
		,	Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0586	4	Hellgate Elem		32	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.				-	
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply an ve been adjus	d OMB Circular	
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are protective the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the aging Further, the same of addition, similar type notified of any accounts.	reements to which osts that have been so of costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			2385 Flynn Lane			
Printed Name of A	uthorized Official		City		p Code	
			Missoula	59	9802	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:	
Арі	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0588	7	Lolo Elem		32	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allowed they are allowed they are are accounted to the they are	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		11395 Highway 9 City		Zip Code
			Lolo	5	59847
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level	
0589	11	Potomac Elem	32	EL	
Proposed Rest	ricted Indirect Cost Ra	te % (Rou	and to nearest hundredth (2	X.XX%) of a percent.)	
application shoul		with one copy of each app ementary and high schoo			
This is to certify t knowledge and b		indirect cost rate proposa	submitted herewith and	I to the best of my	
allowable in acco	rdance with the requirent ciples for State and Local	stablish the final indirect on nents of the Federal awar I Governments." Unallow ermined Indirect Cost Allo	d(s) to which they apply able costs have been ac	and OMB Circular	
casual relationsh accordance with have not been cla and the Office of predetermined ra	ip between the expenses applicable requirements aimed as direct costs. In Public Instruction will be te.	properly allocable to Fedes incurred and the agreem . Further, the same costs addition, similar types of anotified of any accounting	nents to which they are a that have been treated costs have been account	allocated in as indirect costs nted for consistently	
	foregoing is true and co	rrect			
•	foregoing is true and co strict Superintendent or		eet Address or P.O. Bo)X	
Signature of Dis Chairperson		r Board Str		рх	
Chairperson		r Board Str	'50 Potomac Road	Zip Code	
Chairperson	trict Superintendent o	r Board Str 297 City	'50 Potomac Road		
Chairperson	trict Superintendent o	r Board Str 297 City	750 Potomac Road y nner	Zip Code	
Printed Name of	trict Superintendent o	Preserved Str. 297 City Bord Dari	750 Potomac Road y nner	Zip Code	
Chairperson Printed Name of Title Send of	Authorized Official completed form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	Preserved Str. 297 City Bord Dari	750 Potomac Road y nner te	Zip Code 59823	
Chairperson Printed Name of Title Send of	Authorized Official completed form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	r Board Str 297 City Bor Date 1 and Budgeting struction 0-2501 DR THE SUPERINTENDE	750 Potomac Road y nner te	Zip Code 59823	

CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0590	14	Bonner Elem		32	EL	
Proposed Rest	ricted Indirect Cost Rat	e % (Ro	und to nearest h	undredth (X.)	XX%) of a percent.)	
application shoul	: Complete and submit v d be submitted for the ele proval of your rate.					
This is to certify t knowledge and b	hat I have reviewed the intelligent	ndirect cost rate proposa	l submitted her	ewith and to	o the best of my	
allowable in acco	ided in this proposal to es ordance with the requirem ciples for State and Local d in the attached Predete	nents of the Federal awar Governments." Unallow	d(s) to which that able costs have	ney apply a e been adju	nd OMB Circular	
casual relationsh accordance with have not been cla	ided in the proposal are p ip between the expenses applicable requirements. aimed as direct costs. In Public Instruction will be	incurred and the agreer Further, the same costs addition, similar types of	nents to which that have bee costs have be	they are alle n treated as en accounte	ocated in s indirect costs ed for consistently	
•		·	g changes ma	. would allo	ct the	
I declare that the Signature of Dis	ite. foregoing is true and corstrict Superintendent or	rect.	eet Address o			
I declare that the	foregoing is true and cor	rect. Board Str	-			
I declare that the Signature of Dis Chairperson	foregoing is true and cor	rect. Board Str	reet Address o	or P.O. Box		
I declare that the Signature of Dis Chairperson	foregoing is true and cor strict Superintendent or	Board Str	reet Address o	or P.O. Box		
I declare that the Signature of Dis Chairperson	foregoing is true and cor strict Superintendent or	Board Str	reet Address o x 1004 y nner	or P.O. Box	Zip Code	
I declare that the Signature of Dis Chairperson Printed Name of Title	foregoing is true and cor strict Superintendent or	Board Str Bo Cit Bo Da and Budgeting truction	reet Address o x 1004 y nner	or P.O. Box	Zip Code	
I declare that the Signature of Dis Chairperson Printed Name of Title Send of	foregoing is true and corstrict Superintendent or f Authorized Official completed form to: School Accounting Office of Public Inst PO Box 202501	Board Str Bo Cit Bo Da and Budgeting truction	x 1004 y nner te	or P.O. Box	Zip Code 59823	
I declare that the Signature of Dis Chairperson Printed Name of Title Send of ACCEPT	foregoing is true and constrict Superintendent or f Authorized Official completed form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Str Bo Cit Bo Da and Budgeting truction -2501 DR THE SUPERINTENDITED	x 1004 y nner te	or P.O. Box	Zip Code 59823	

CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level	
0591	18	Woodman Elem	32	EL	
Proposed Restric	cted Indirect Cost Rate	e% (Round to ne	earest hundredth (X.2	XX%) of a percent.)	
	be submitted for the ele	rith one copy of each application ementary and high school district			
This is to certify the knowledge and bel		ndirect cost rate proposal submit	ted herewith and to	o the best of my	
allowable in accord A-87, "Cost Princip	lance with the requirem les for State and Local	tablish the final indirect cost rate ents of the Federal award(s) to Governments." Unallowable co rmined Indirect Cost Allocation -	which they apply a sts have been adju	nd OMB Circular	
casual relationship accordance with ap have not been clair and the Office of P predetermined rate	between the expenses oplicable requirements. med as direct costs. In ublic Instruction will be	roperly allocable to Federal awa incurred and the agreements to Further, the same costs that ha addition, similar types of costs hotified of any accounting changerect.	which they are allowed been treated as ave been account	ocated in s indirect costs ed for consistently	
Signature of Distr	ict Superintendent or		dress or P.O. Box		
Chairperson		18470 Hig	nway 12 West		
Printed Name of A	Authorized Official	City	•	Zip Code	
Title		Lolo	5	9847	
		Lolo Date	5	9847	
	mpleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction	5	59847	
Send cor	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction			
Send cor	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction -2501 R THE SUPERINTENDENT OF Date Appro	PUBLIC INSTRU		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0592	20	DeSmet Elem		32	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.2	XX%) of a percent.)
	Complete and submit vote submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the integration in the integral in the integ	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply a ve been adju	nd OMB Circular
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allowed they are allowed they are allowed they are allowed to the are allowed to	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		6355 Padre Lane City		Zip Code
			Missoula	5	9808
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0593	23	Target Range Elem		32	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	(X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply an ve been adjus	d OMB Circular	
casual relationship is accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the aging Further, the same of addition, similar type notified of any accounts.	reements to which osts that have been so of costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently	
	ct Superintendent or		Street Address	or P.O. Box		
Chan person			4095 South Aven	nue West		
Printed Name of A	uthorized Official		City	Z	ip Code	
			Missoula	59	9804	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
		İ	Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0594	30	Sunset Elem		32	EL
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest I	nundredth (X.	XX%) of a percent.)
	Complete and submit on the election of your rate.				
This is to certify tha knowledge and believed.	t I have reviewed the ef:	indirect cost rate prop	oosal submitted he	erewith and t	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to e ance with the requiren es for State and Loca n the attached Predete	nents of the Federal a I Governments." Una	award(s) to which Illowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are pleased between the expenses plicable requirements ned as direct costs. In ablic Instruction will be regoing is true and co	s incurred and the ag . Further, the same of a addition, similar type a notified of any accor	reements to which costs that have been es of costs have b	n they are alle en treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent o		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 344 City	Z	Zip Code
			Greenough	5	59836
Title			Date		
Send con	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Ар	proved Rate for FY2	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0595	32	Clinton Elem		32	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			PO Box 250		
Printed Name of A	uthorized Official		City	Z	ip Code
			Clinton	5	9825
Title			Date	<u> </u>	
Send com	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0596	33	Swan Valley Elem		32	EL
Proposed Restri	cted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the elework roval of your rate.				
This is to certify the knowledge and be	at I have reviewed the ir lief:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem bles for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with a have not been clai and the Office of P predetermined rate	ed in the proposal are poset between the expenses oplicable requirements. In the distribution will be expensed by the contract of the contract	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allower treated as een account	ocated in indirect costs ed for consistently
	rict Superintendent or		Street Address of 6423 Highway 83		
Printed Name of	Authorized Official		City		Zip Code
			Condon	5	9826
Title			Date		
Send co	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
A	oproved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

Due May 31, 2004				
School Name	County	Level		
Seeley Lake Elem	32	EL		
% (Round to nea	arest hundredth (X.	XX%) of a percent.)		
		•		
direct cost rate proposal submitte	ed herewith and t	o the best of my		
ents of the Federal award(s) to w Governments." Unallowable cost	hich they apply a ts have been adju	nd OMB Circular		
incurred and the agreements to v Further, the same costs that hav addition, similar types of costs ha	which they are all te been treated as ave been account	ocated in s indirect costs ed for consistently		
	Street Address or P.O. Box			
City		Zip Code		
Seeley Lake		59868		
		,0000		
Date				
nnd Budgeting uction				
and Budgeting uction	PUBLIC INSTRU			
and Budgeting uction 2501				
	th one copy of each application to mentary and high school district. direct cost rate proposal submitted ablish the final indirect cost rate ents of the Federal award(s) to we dovernments." Unallowable cost mined Indirect Cost Allocation - Street and the agreements to we for the same costs that have addition, similar types of costs have addition, similar types of costs have the cost of the same costs that have addition and the agreements to we for the same costs that have addition and accounting change ect. Street Addition PO Box 840 City			

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 Jelena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0599	40	Frenchtown K-12 S	chools	32	K12	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)	
	Complete and submit wo submitted for the electory oval of your rate.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my	
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate.		incurred and the aging Further, the same of addition, similar type notified of any accounts.	reements to which osts that have been so of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently	
I declare that the foregoing is true and correct. Signature of District Superintendent or Board			Street Address or P.O. Box			
Chairperson			PO Box 117			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Frenchtown	5	59834	
Title			Date			
Send con	npleted form to: School Accounting of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			